

INTRODUCTION



There are times in life when we all could use a helping hand from a stranger. Whether it's opening a door or helping someone load their groceries, helping others is ingrained in us all. The problem is that if you like to directly help someone, you may not be satisfied with your day to day job. Volunteering is a way to satisfy that need to directly help and change someone's life.

I felt the depth of the Red Cross volunteerism when on the occasion of World Red Cross Day in 2014 we collected volunteers' views and sentiments. They responded to the theme, 'My Red Cross Story' so beautifully that I was taken aback. Such selflessness and commitment, that too when they are in the disaster affected area or meeting the patients who are treated like untouchables by their own families! Now majority of them have been tied together as First Medical Responders (FMRs) and would soon be electronically connected on the web.

I heartily acknowledge the hard work of our First Medical Responders (FMRs) during the disasters that occurred in our country during the year, especially the major flooding that devastated our picturesque state of Jammu & Kashmir. They worked with utmost sincerity continuously from evacuation to the seeming normalcy that stabilized after 3-4 long months.

I am truly proud of these volunteers.

I am also pleased to share that due to the wonderful work done by our branches the TB project has got more funding and is now being implemented in more states.

Grassroots level work is a big challenge and the volunteers need to keep their spirits high. I exhort the Red Cross branch leaders that they should constantly make sincere efforts to keep the volunteers enthusiastic.

I must here pay homage to our former Vice Chairman Mr Murlí S Denra, whom we lost recently. He was a great humanitarian, an outstanding person and was always there for any Red Cross. Some of his biggest contributions were bringing many partner national societies to India, getting legal status to the IFRC and placing Indian Red Cross on a higher pedestal after his being elected as a Vice President of the IFRC Governing Board. Red Cross shall always miss you Mr Devra.

In the month of November 2014 we hosted the two sessions of our General Body at Rashtrapati Bhawan and at DRDO Bhawan. The occasion was graced by the Hon'ble President Mr Pranab Mukherjee and Hon'ble Chairman Mr J P Nadda, Minister for Health & Family Welfare. The highlights of these functions are contained in this report. I also wish to inform you that after adoption by the General Body our reports and accounts have been laid in the Parliament.

I conclude by quoting the words of our former Managing Body member and epitome of volunteerism Mother Teresa, "Spread love everywhere you go. Let no one ever come to you without leaving happier."

Dr S P Agarwal

DISASTER MANAGEMENT

Disaster Response and Relief

ASSAM FLOOD, AUGUST 2014

Assam State Branch had sent a situation report informing that due to rainfall and rising water of the Brahmaputra and Luit rivers in the month of August vast areas of the entire state were inundated. District of Barpeta, Dhemaji, Jorhat, Lakhimpur, Sivasage, Nogaon, Nalbari, Sonitpur, Bongaigaon, Dibrugarh, Kamrup, Dhubri, Golaghat, Morigaon, Karbi, Anglong had been affected by flood. Tinsukia, Chirang, Darrang, Udalguir and Kokrajhar were also affected by flood water.

IRCS, Assam state branch had relief materials of 5000 family packs, which were earlier sent from NHQ. The state branch was requested to distribute the relief material to flood affected people and also requested to deploy the water purification units stationed in Noonmati warehouse for providing potable water to flood affected people.

BIHAR FLOOD, AUGUST 2014

Bihar State Branch informed about the flood situation in Bihar in the month of August 2014. A crisis like situation had developed after a massive landslide in Sindhupalchowk District in Nepal on 02 August at 2.00 AM. Landslides had blocked the flow of the river Saptakoshi and created more than 100 meter high artificial dam across the river. The artificial lake was spread across approximately 2.5 kms. As state of Bihar is downstream, there was a threat of massive floods. The Government had taken steps to evacuate people in case the Kosi river breached embankment causing floods in the disaster prone districts.

As the people from flood affected regions were evacuated to relief camps, Bihar state branch requested for relief material for the flood affected people. In response to the request, IRCS, NHQ released 500 nos. non food family pack items containing sarees, gents dhotis, mosquito nets, plastic buckets, blankets, towels, kitchen sets and 1000 nos. of tarpaulin sheets to state branch for further distribution. The relief material was dispatched from Kolkata warehouse. In addition the state branch also distributed 600 family packs already available with it.

MADHYA PRADESH FLOOD, AUGUST 2014

Madhya Pradesh state branch informed about the flood situation in many regions of the state. Continued rainfall in Madhya Pradesh resulted in flood situations in various districts namely, Panna, Burhanur, Khandwa, Bhopal, Sagar, Hoshangabad and Narisinghpur that were badly affected by heavy rainfall.

In response to the request from Madhya Pradesh state branch, IRCS, NHQ, released 500 nos. non food family pack items containing Tarpaulins, Cotton Blankets, Sarees, Gents Dhotis and Towels to state branch for further distribution. The items were dispatched from Vikhroli warehouse.

WEST BENGAL FLOOD, AUGUST 2014

West Bengal State branch informed about the flood like situation in the state. Districts namely Jalpaiguri, Cooch Behar and Alipurduar were severely affected. A few blocks of Paschim Medinipur and three blocks of Purba Medinipur districts were severely affected due to the flooding of Damodar river. Most of the districts of North Bengal were severely affected with Japanese encephalitis which claimed 200 lives. The Indian Red Cross Society, NHQ

released 1500 nos. of Tarpaulins, 500 nos. each of Cotton Blankets, Kitchen Sets, Gents Dhotis, Sarees, Bed Sheets, Buckets, Towels and 1000 Mosquito nets for the victim of flood affected people in West Bengal

ODISHA FLOOD, AUGUST 2014

Odisha state branch informed about the flood like situation in the state. In 23 districts 1553 villages were worst affected and 27 people lost their lives in floods and subsequent rainfall in different parts of the state. IRCS, Odisha state branch distributed 3000 family packs and 2000 Tarpaulins to flood affected people.

Bihar Cold Wave - 2014

Extreme cold wave hit many parts of the state during December 2014 and January 2015, which affected a number of families. To provide support to the State Branch efforts in relief operations, National Headquarters released 2000 nos. of woolen blankets as an immediate assistance to the state headquarters. The total value of the relief supply was INR. 4,20,000/-

Uttarakhand Cold Wave - 2014

The state of Uttarakhand was affected by extreme cold wave in the year 2014. IRCS National Headquarters released 2000 nos. of woolen blankets as an immediate assistance to the Uttarakhand state branch. These items were distributed among the victims affected by cold wave in the state. The total value of these relief items was INR.4,20,000/-

JAMMU & KASHMIR FLOOD SEPTEMBER 2014

The State of Jammu and Kashmir suffered extensive flash flooding due to excessive rainfall in September 2014. The devastating floods left behind a trail of death and destruction. The disaster had caused unprecedented loss of lives, livelihoods, infrastructure and property of about 15 lac families spread over 5794 villages.

The rescue and relief teams were pressed in to service from across the country for immediate response. During the rescue operation, from 5th September, 2014 up to 15th September 2014, around 2500 people were rescued by the trained Red Cross staff and volunteers braving ravaging floods. Some of the important places where people were rescued by the Red Cross team include Haj House, Bemina and adjoining areas, Tengpora Bypass, Raj Bagh, Jawahar Nagar, Kanihama Nowgam, Anantnag, Shopian and Rajouri Districts. Hundreds of volunteers, including those trained as FMRs were involved in rescue operations across the State.

Indian Red Cross Society, National Headquarters, New Delhi deployed trained teams to support the J&K State Branch in the relief work. As per the local requirements, besides relief items including tents, blankets, kitchen sets, hygiene kits, bed sheets, buckets, tarpaulin sheets, solar lamps etc, the National Headquarters dispatched eight water purification units (2 large and 6 small) which were installed by the NHQ team on need basis at various places across the Kashmir valley including Anantnag, Awantipora, Budgam, Bone & Joint Hospital, Gurudawara Baghat, Islamia School, and Bota Kadal in Srinagar. The water purification units have been catering to an estimated population of around 30,000 since 15th September, 2014 and supplying more than 150,000 litres of drinking water daily.

As part of its humanitarian activities, one of the essential service of Red Cross is Restoring Family Links (RFL). During the recent floods, migrant population, especially labourers and some locals were helped in establishing links with their families by trained RFL experts of Indian Red Cross Society.

IRCS volunteers also carried out hygiene promotion in the affected areas by door-to-door visits during which masks and gloves were distributed among the people. People in flood hit areas were sensitized about the importance of taking precautions to prevent the spread of water borne diseases. Hundreds of volunteers had been involved in the rescue and on-going relief operations besides the four National level Master Trainers and seven NDRT members of Red Cross.

In response to the J&K floods Indian Red Cross Society had released relief items to Jammu & Kashmir state branch for flood affected people. The details of relief materials dispatched to J& K State are as follows: -

s.n	Item	Unit Price	Jammu Region		Srinagar Region		Total Dispatched	total value
			Qty	Total INR	Qty	Total INR		
1	Bed Sheets	122.48	1900	232712	2400	293952	4300	526664
2	Cotton Blankets	148	0	0	0	0	0	0
3	Woolen Blankets	210	12900	2709000	16520	3469200	29420	6178200
4	Saree	130	1400	182000	0	0	1400	182000
5	Gents Dhoties	148	1900	281200	0	0	1900	281200
6	Mosquito Nets	245	400	98000	0	0	400	98000
7	Kitchen Sets	1390	900	1251000	1800	2502000	2700	3753000
8	Towel	60.5	2900	175450	4000	242000	6900	417450
9	Plastic Bucket	106	1400	148400	1600	169600	3000	318000
10	Tarpuline Pcs	870	1250	1087500	1200	1044000	2450	2131500
11	Family Tents	18000	400	7200000	1432	25776000	1832	32976000
12	Stove	380	500	190000	800	304000	1300	494000
13	Hygiene kits	800	500	400000	800	640000	1300	1040000
13	Windcheater	400	0	0	400	160000	400	160000
14	T.Shirts	250	0	0	50	12500	50	12500
15	RC Apron	50	0	0	50	2500	50	2500
16	Cap	100	0	0	50	5000	50	5000
17	WatSan Units - Big	1114528	0	0	2	2229056	2	2229056
18	WatSan Units - Small	102896	0	0	6	617376	6	617376
19	Life Jacket	1012	0	0	30	30360	30	30360
20	Body Bags	735	0	0	200	147000	200	147000
21	Solar Lanterns	1250	500	625000	1080	1350000	1580	1975000

22	Squatting Plates	0	0	0	25	0	25	0
23	Note pad	0	0	0	200	0	200	0
24	Pen	0	0	0	200	0	200	0
25	Spiral Note Pad	0	0	0	200	0	200	0
26	RC Flag	0	0	0	30	0	30	0
	Total value			14580262		38994544		53574806

The total cost of the above mentioned relief materials was INR. 5,35,74,806/-

THE DISASTER MANAGEMENT PROGRAMME 2014-16 (FMR Programme)

Background

Indian Red Cross Society, National Headquarters has been implementing the Community Based Disaster Management Programme through its state/ UT RC branches of the most disaster prone states of the country with funding support from International Federation of Red Cross and Red Crescent Societies (IFRC). Since 2012, the DM programme has been modelled on the creation of the First Medical Responders (FMRs) who are community volunteers belonging to the target community and who are the first to respond in times of a disaster. The FMRs are trained by instructors who in turn are trained by Master trainers trained by experts at the National HQs.

The major skill sets transferred to volunteers include multiple aspects of disaster management like Public health in emergencies PHIE, First aid, search and rescue, psychosocial support etc. Aim is to promote a country-wide, proficient cadre of first medical responders who will play a vital role during emergency to deliver emergency first aid services and reduce the impact of disaster. The FMRs have played vital role during the Uttarakhand flash floods (2013), Cyclone Phailin (2013) and J & K Floods (2014)

DM programme 2014

Implemented in 14 state/ UT branches namely – Andaman & Nicobar Islands, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Manipur, Odisha, Tamil Nadu, Tripura, Uttarakhand, Uttar Pradesh and West Bengal.

Objectives:

1. Induction of 75 new First Medical Responders (FMR) volunteers per state by extension of intervention to two new disaster prone districts in programme states
2. Refresher programs for the existing volunteers
3. Induction of State Level FMR instructors and National level Master Trainers.
4. Creation of data bank of the FMRs.
5. Hold several community outreach activities and mock drill to increase the community resilience resulting in strengthening of the District Red Cross organisational preparedness.

Achievements of DM programme 2014:

Total no. Of State level Instructor Trngs	No. Of FMR (Ref.) Trngs	No. Of FMR Induction Trngs	Total No. Of Instructors trained by states	Total no. Of volunteers trained at dist. Level	Total no. Of trained FMRs
14	23	17	169	1084	1282

The total number of FMRs trained in the years 2012-2014 under DM FMR Programme is 2761.

The total budget for the year 2014 was **Rs. 91,32,750/-** including activities, administrative cost and the salary and expenditure reported was **Rs. 69,99,459/-**.

DM programme 2015

Objectives:

1. Refresher trainings to FMR instructors and volunteers
2. Outreach and mockdrills
3. Link FMR volunteers in the district with Govt. Developmental Programs, particularly on activities like Sanitation, Health and Hygiene and School based programmes.
4. The Red Cross Branches were requested to plan activities based on the **Swach Bharat Abhiyan** initiative of GOI, Hygiene promotion in schools & Community, Advocacy to use Toilets & other Topics of Relevance to the local Community.

Budget for the year 2015 was **Rs.1,08,37,000/-**

FAMILY NEWS SERVICES

Restoring family links means carrying out, in those situations, a range of activities that aim to prevent separation and disappearance, restore and maintain contact between family members, and clarify the fate of persons reported missing. It also involves tracing persons unaccounted for, organizing the exchange of family news and the transmission of documents when normal means of communication have broken down, organizing family reunifications and repatriations.

Respect for the family's unity goes hand in hand with respect for human dignity. Every year, the Indian Red Cross and the ICRC help hundreds of people (displaced persons, refugees, detainees and missing persons) to restore family links and to clarify the fate of missing relatives.

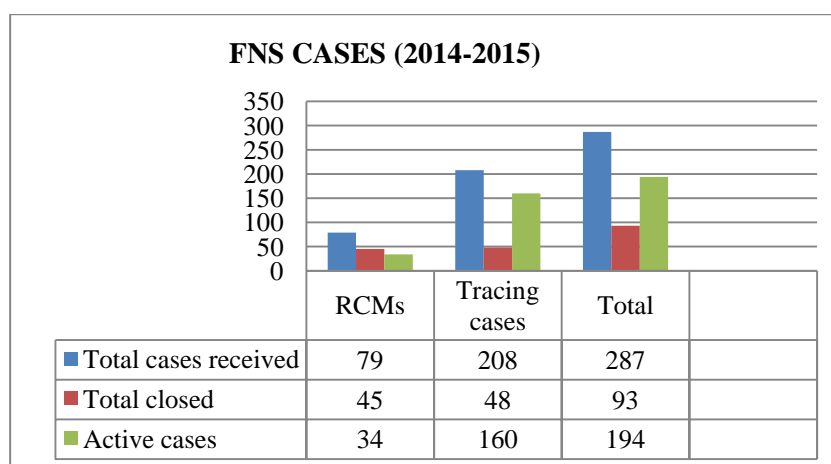
These services are offered to:

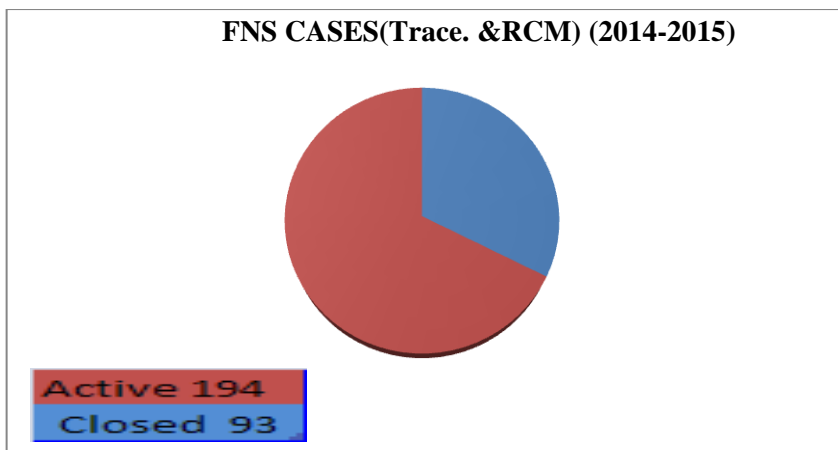
- Family members separated due to conflicts, disaster or any other situation of humanitarian need.
- Refugees and asylum seekers
- Migrants
- Unaccompanied children
- Migrants and their families

FNS Activity Report

In the year Indian Red Cross Society National Headquarters (IRCS NHQ) supported Tamil Nadu, West Bengal, Odisha, Gujarat and Andhra Pradesh for the Family News Service Programme with the help of International Committee of Red Cross (ICRC). Some of the beneficiaries are refugees in Tamil Nadu, migrants in West Bengal & Gujarat and people separated from families in disasters. Following major activities were carried out during the period 2014-15.

1. IRCS NHQ shared 287 cases, including tracing requests and RCM, from various state branches and foreign countries according to Tracing and RCM criteria. Following are the details of cases.





2. Monthly refugee camp visit in Tamil Nadu State Branch, RFL services like tracing request and collect Red Cross Messages provided in 40 camps.
3. Two days FNS workshop was conducted for JRC/YRC counselors in Bhubaneswar, Orissa and in Trichy, Tamil Nadu.
4. The Gujarat State Branch has been selected two districts Navsari and Bhavnagar for the FNS activities. From 25th March to 29th March 2014 conducted four days FMR state level TOT training, 28 participants were participated in the workshop. Basic Red Cross, Introductory concept of First Medical Responders, Public health in emergency water sanitation in emergency and First aid, these sessions were covered in the TOT training.

5. Two days workshop was conducted for SDRT in Gujarat, for DDRT in West Bengal and Tamil Nadu on FNS/RFL.
6. One day FNS meeting was conducted for District Secretaries in Kolkata in December 2014.



7. FNS Workshop: In an effort to boost the Restoring Family Links (RFL) programme, International Committee of the Red Cross (ICRC) and the Indian Red Cross Society (IRCS) held training for Family News Service (FNS) focal persons and a workshop for specialists. The training was, held from 13-17 October 2014. Twenty participants from the 12 most disaster-prone states of India attended. The training was organized at the Disaster Management Centre of the IRCS National Headquarters New Delhi. The participants learnt the importance of RFL service during a disaster, report making and RFL/FNS file management.
8. Andhra Pradesh State Branch organized a two day refresher workshop on Family News Service (FNS) at Warangal District Branch on 23rd and 24th December 2014. The main objective of the refresher workshop was to give an opportunity to the FNS focal persons from different branches to interact with each other and improve coordination, to involve the branches in the review

process and to collect their recommendations on developing the RFL strategy for 2015. Thirty participants attended the refresher workshop.

9. FNS State Branch monitoring and evaluation visit: Joint visit along with ICRC undertaken to understand ground work done till date and measures recommended to support the momentum through discussions. The visit was held on 18th March 2015 at Gujarat and on 30th March 2015 at West Bengal. Below mentioned points were discussed in the monitoring and evaluation meeting.



- Discussion and implementation of FNS plan of action 2015
- Field visit close to Chennai
- Previous 4 years (2011-2014) Tracing and RCM case status
- File management and reporting of FNS cases
- Briefing of ICRC External Evaluation on FNS programme

10. IRCS completed on-line survey on RFL, conducted by ICRC, Geneva in 2014 and 2015.



11. Representative of IRCS attended regional level workshop, conducted in Kathmandu, Nepal to bring the uniformity approach in the RFL response for migrants of neighbouring countries India, Nepal, Bangladesh and Sri Lanka.

Details of Cases 2014-15

TRACING CASES 2014 & 2015						
A	B	C	D	E	F	G
Year	Total Tracing cases	Successfully closed	Negative closed (not found or address not valid etc.)	Total closed	Active cases	Success rate in percentage
2014	171	11	34	45	126	26.31
2015	37	1	2	3	34	8.1
	208	13	36	48	160	23.08
RED CROSS MESSAGES 2014 & 2015						
A	B	C	D	E	F	G
Year	Total RCMs	Successfully closed	BTS (Back to Sender)	Total closed	Active	Success rate in percentage

2014	51	18	10	28	23	54.9
2015	28	11	6	17	11	60.7%
	79	29	16	45	34	56.96

BLOOD BANK

Introduction

Transfusion of blood is an essential part of modern health care management. The first Blood Bank was started in India by Indian Red Cross Society (IRCS) in 1942 at All India Institute of Hygiene & Public Health, Calcutta (West Bengal). The IRCS has 35 State/Union Territories branches with more than 700 districts/sub district branches and is running 166 blood banks across 14 States, which contributes approx. 10% of total collection of blood in India.

In 1977, the blood bank started operating from the Indian Red Cross Society, National Headquarters (IRCS, NHQ). The Blood Bank is running round the clock and provides the services to the needy patients. It was designated as Regional Blood Centre by State Govt. in 1996 and has been recognised as Model Blood Bank in 2010 by National AIDS Control Organization, Ministry of Health and Family Welfare, Govt of India and is accredited by the BIS, NABH & NABL.

This Blood Bank focuses on encouraging voluntary blood donations. It collects approximately 30,000 units of blood annually which contributes about 10% of the total blood collected in Delhi. The percentage of voluntary blood collection is above 90% in IRCS as compared to the 20-50% ratio of the total collection made by other blood banks of Delhi. The blood bank provides 85% of total collection of blood free of service charges to the patients admitted in the General Wards of Government Hospitals in Delhi as well as to the approx. 975 Thalassaemic patients registered with us (which is about 50% of all the Thalassaemics in Delhi).

The IRCS (NHQ) Blood Bank is fully equipped to collect blood at its premises and also has mobile teams, which go out frequently to hold Blood Donation Camps. The blood after collection is tested for HIV I & II, HBs Ag, HCV, VDRL & Malaria. Blood grouping with Rh D and Antibodies Testing (three cell panel) is done by fully automated advance technology. To ensure effective utilization of blood, besides supplying whole blood, Red Cross also has the facility of component separation that provides different components of blood, like Fresh frozen plasma, Platelet rich plasma, Platelet Concentrate, Packed Cells, Cryoprecipitate and Platelet Aphaeresis.

1. Blood Donation Awareness Programme through Publicity :

IRCS, Blood Bank conducts publicity by poster, distribution of leaflets, announcements etc. in the places of public gathering, after arranging donation programmes and also on the occasion of various national and international days commemorating Blood Donation and Blood Donors.

IRCS Blood Bank sends smses about the upcoming donation date, time, place etc. and some pictures about blood donation. The leaflets contain information of blood donation criteria, annual demand of blood etc. IRCS Blood Bank also publishes literature, columns in the print media and participates in talk shows in electronic media on special days.

2. Organizing Blood Collection Camps in and around Delhi :

The Society is fully equipped to collect blood within the premises of the Blood Bank and also has mobile teams which go out regularly to hold Blood Donation Camps. The mobile teams cover different parts of Delhi, Noida, Gurgaon, Ghaziabad, Faridabad, Bahadurgarh and even go to Pilani, Haldwani, Phagwara etc. Blood Donation Camps are organized in schools, colleges and other places with the help of religious, social, political, commercial, and military / para military organizations.

Highlights of major camps:

- A massive Blood Donation Camp was conducted on 24th April, 2014 by Sant Nirankari Mandal on the occasion of 'Manav Ekta Diwas' where 1329 devotees donated blood voluntarily. A total of 2447 donors were provided by Sant Nirankari Mandal in 9 camps organized by them.
- A total number of 951 units were collected from the volunteers in a camp conducted in BITS, Pilani, Rajasthan, from 30th Jan 2015 to 2nd Jan 2015. This was the highest collection in last 25 years. This has been an annual feature for the last over 2 decades.
- Blood Donation Camp was organized in Parliament House on 13th December, 2014 on the occasion of the function held to mark the 13th Commemoration Day of the supreme sacrifice made by Security Personnel on the altar of duty while thwarting the attack of terrorists on Parliament House on 13-12-2001. VIPs including Hon'ble Prime Minister, Hon'ble Vice-President, and several members of the union cabinet, members of parliament and senior government officials attended the programme. Sixty three people paid homage to the departed souls and saluted their martyrdom by donating blood voluntarily, which included their family members as well.

In the year 2014-15, Indian Red Cross Society, Blood Bank collected a total of 25847 units of blood out of which 23629 units were collected from voluntary blood donors. The replacement donors decreased from 6210 (2013-14) to 2218(2014-15). The percentage of Voluntary Blood Donors increased to 91.41% from 80% of 2013-14. A total of 303 Blood Donation Camps were conducted in various places like Educational Institutions, Corporate Sectors, Religious, Social Organizations, and other places etc.

The aim of the organization is to phase out replacement donors and achieve 100% voluntary blood donation in future.

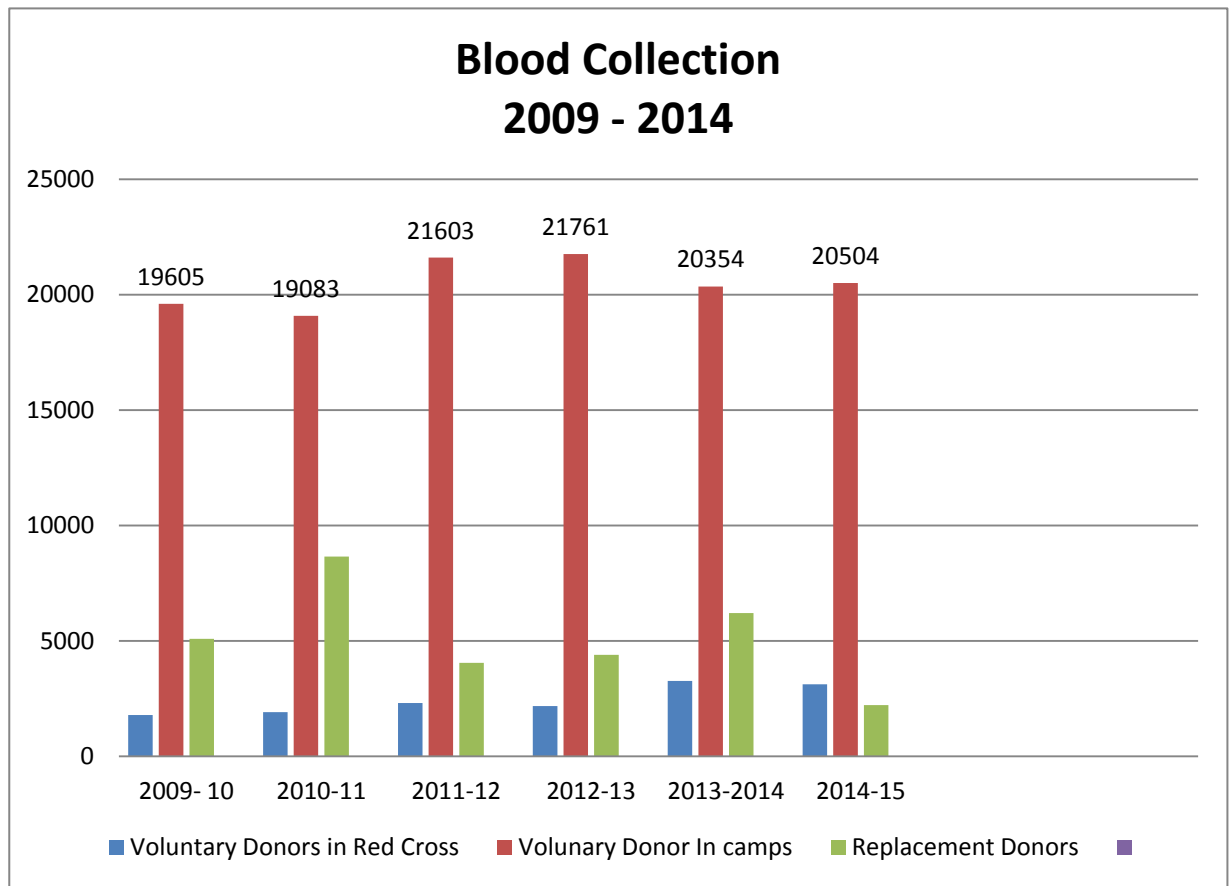
Table Shows - Total No. of Camps including No. of Blood Units (2010-2011 to 2014-15)

S.No.	Organization	No. of blood units collected (in camps)				
		2010-2011	2011-12	2012-13	2013-14	2014-15
a.	Colleges	4656(46)	4118(35)	3760(38)	4570(40)	4333(34)
b.	Schools	418(10)	240(103)	551(14)	453(10)	742(14)
c.	Social Organizations	7136(96)	6978(80)	7866(91)	7183(85)	7212(89)
d.	Commercial Organizations	4644(99)	6034(103)	6361(103)	5503(108)	5214(106)

e.	Political Organizations	177(3)	696(7)	314(5)	199(3)	551(03)
f.	Lions Club	59(2)	536(6)	34(1)	147(2)	43(02)
g.	Services	333(7)	178(3)	364(3)	137(3)	412(07)
h.	Red Cross State Branch	374(4)	1146(12)	618(4)	154(3)	46(01)
i.	Banks	780(12)	765(9)	910(17)	819(18)	1130(15)
j.	Hotels	419(11)	512(11)	505(12)	297(12)	177(06)
K.	Blood Mobile Van in Public Places	-	400(12)	447(15)	847(27)	644(26)
	Total	19083(290)	21603(284)	21761(304)	20354(312)	20504(303)

Total Blood Collection (2010-11 to 2014-15)

S.No		2010-11	2011-12	2012-13	2013-14	2014-15
a.	Voluntary Donors in Red Cross	1919	2310	2182	3270	3125
b.	Voluntary Donors in Camps	19083	21603	21761	20354	20504
c.	Replacement Donor in Red Cross	8654	4051	4397	6210	2218
	Total	29656	27964	28340	29834	25847
a + b.	% of Vol. Blood Collection	70.8%	85.6	85%	80%	91.41%
c.	% of Replacement Donor	29.18	14.4%	15%	20%	8.59
	Total Number of Camps	290	284	304	312	303



3. Blood Donor Screening Processing & Storage of Blood

Donor blood is tested for infectious diseases (TTIs) such as HIV, HBs Ag, VDRL & HCV and blood group serology. The screening of Transfusion Transmitted Infectious Marker (TTIs) is done by ELISA Method.

A. Testing report of infectious marker lab

Changes in Blood Screening Statistic during 2014-15:

- Total **HIV Positive Blood Donors decreased from 0.329%** (2013-14) to 0.196%
- Total **HBs Ag positive Blood Donors decreased from 1.211%** (2013-14) to 0.915%
- Total **HCV positive blood is 0.892% which is nearly same as last year.**
- Total **VDRL Positive Blood Donors is 0.207% which is nearly same as last year.**
- Total **Malaria Positive Blood Donors decreased from 0.040%.to 0.011%.**

B. Report of Component lab.

To ensure effective utilization of blood, besides supplying whole blood, Red Cross also provides its users with the facility of component separation like FFP, PRP, Platelet Concentrate, Packed Cells and Cryoprecipitate.

Total Blood Components Preparation:

Year	Blood Components Prepared					Total Blood Component Prepared
	FFP	Plasma	Platelet Concentrate	PRP	Red Cell	
2014-15	3819	14978	3374	112	18897	41180

Total Blood Components/Whole Blood/Red Cell Issues:

S. No.	Blood Component /Whole Blood/Red Cell Issued	Free A	Paid B	Total (A + B)
1	Blood Component	4706	881	5587
2	Whole Blood/Red Cell	24347	1717	26064
	Total Issued (1+2)	29053	2598	31651

Excess of unused Plasma to National Plasma Fractionation Centre (NPFC)

1.	Excess of Plasma for NPFC of collection (2013-14 & 2014-15)	18864
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4. Blood Distribution (2014-15)

A. In the year 2014-15, 41180 Blood/Blood components were prepared. 31651 units of blood components were issued free of cost to the patients admitted in Government Hospitals, Thalassaemic and Hemophilic Patients and 2635 (3.9%) units of blood issued against Processing Charges to the patients admitted in Private Hospitals/ Nursing Homes. 2777 units of blood components were discarded due to sero positivity of infectious marker, under collected units, expired platelets/plasma.

In the year 2014-15, IRCS (NHQ), Blood Bank has issued about 18864 units of surplus plasma/FFP (approx. 2819 liters)

B. Thalassaemia: In Delhi, there are about 2000 registered thalassaemic patients who are receiving blood from various Regional Centres like AIIMS, RML, Hindu Rao, LNJP, GTB hospital and private blood banks. Out of which 975 patients are registered with Red Cross Blood Bank and more than 200 registered patients are from outside Delhi. IRCS continues to look after approx. 50% of the Thalassaemic patients in and around Delhi and provides Blood/ Blood Components, to thalassaemic patients and to the patients in Government Hospitals free of service charges.

Support to National Plasma Fractionation Centre (NPFC): IRCS (NHQ) Blood Bank is a NACO supported blood component Separation Unit. As per NACO guidelines IRCS, Blood Bank has largely supported the National Plasma Fractionation Centre (NPFC) by sending the surplus Plasma/FFP for Fractionation. In the year 2014-15, IRCS (NHQ), Blood Bank has issued 18864

units of surplus plasma/FFP (approx. 2819 liters) for proper utilization of blood products to NPFC (12314 units of plasma was sent on 22.8.14 and 6550 units of plasma on 28.2.15).

5. Certificate of accreditation from NABH and NABL

The IRCS (NHQ) Blood Bank has been certified by IS/ISO 9001:2008, NABH and NABL in 2012 and 2013. Routine surveillance audit for the accreditation has been conducted by the auditor team in 2014- 15 by BIS, NABL and NABH.

6. Celebration of World Blood Donor Day

One week long programme (14.06.14 to 20.6.2014) was organized to enhance voluntary blood donation by spreading the message of Voluntary Blood Donation.

IRCS celebrated 'World Blood Donation Week' Valedictory Function on 20st June, 2014. The function was inaugurated by the Chief Guest Dr Harsh Vardhan, Hon'ble Chairman, IRCS & the Hon'ble Union Minister for Health & Family Welfare, Govt. of India.



The Hon'ble Chairman (Hon'ble Minister for Health & Family Welfare, Govt. of India) at the Valedictory function held in the Multipurpose Conference Hall, Indian Red Cross Society, National Headquarters on 20.6.14. The World Blood Donation Week Celebrated from 14th June, 2014 to 20th June, 2014.



Chief Guest honored centurion blood donors on 20th June 2014.



Hon'ble Chairman (Hon'ble Minister for Health & Family Welfare, Govt. of India) being taken round the IRCS (NHQ), Blood Bank by Dr. S.P. Agarwal, Secretary General.



Hon'ble Chairman also visited in the Blood Mobile Van

7. Certification for Award of Excellence

IRCS (NHQ) Blood Bank received Award of Excellence on 14th June 2014 on the occasion of World Blood Donor Day and on 1st Oct, 2014 on the occasion of National Blood Donation Day.

The Award of Excellence was handed over by Chief Guest Dr Harsh Vardhan, Hon'ble Chairman, IRCS (the then Union Minister for Health & Family Welfare).



Certificate of Award of Excellence handed over by Health Secretary, Govt. of India in the presence of Hon'ble Chairman

8. Support of NACO for IRCS (NHQ) Blood Bank, Model Blood Bank:-

- **Blood Transport Van-** NACO provided through DSACS the services of a driver. It also provided financial assistance of Rs 70,000/- for POL.
- **Blood Mobile Van-** NACO provided through DSACS the services of a Driver, Attendant and Cleaner. It also provided financial assistance of Rs 1,14,000/- for POL.
- **NACO provided assistance during 2014-15 for the following:**
 - Infectious Marker Kits (HIV, Hepatitis B and Hepatitis C).
 - 30000 Blood Bags (single, double, triple and quad bags)

- Manpower support- four technicians, one lab attendant and one counselor.
- Repair of NACO supported equipments
- Refresher Training for Blood Bank Staff.

The Blood Bank supplies 85% of the total collection of blood to patients admitted in the General Ward of Government hospitals and to the 975 Thalassaemic patients (which is approx. 50% of total collected thalassaemics in Delhi) free of service charges.

HEALTH PROGRAMMES

TUBERCULOSIS PROJECT

Indian Red Cross Society, National Headquarters is implementing TB programme with the financial support of International Federation of Red Cross and Red Crescent Societies (IFRC) since 2009. The role of this programme is complementary to the efforts of the Government of India.

Indian Red Cross Society is playing an increasingly important role in ensuring that TB cases are treated successfully and sincere efforts are made in reducing stigma and discrimination against them.

Project Goal:

To support RNTCP to decrease the morbidity and mortality by preventing MDR TB and reducing stigma and discrimination in selected project area.

Objectives

1. To ensure that Cat II patients, i.e. those who have stopped DOTs treatment without completion are put back on treatment until they complete the treatment.
2. To ensure effectiveness of treatment by providing care and nutritional support to the most vulnerable cases.
3. To reduce stigma and discrimination about TB through Behavioural Change Communication campaign and inclusion of sputum negative TB patients in important forums.

To enhance outcomes the following strategies are also be employed:

- Support positive health seeking behaviour of patients and at large the communities;
- Improve community intentions and capacities to support patients to adhere and complete treatment and reduce stigma and discrimination;
- Build capacities of staff, volunteers and local stakeholders, and
- Capture learning and identify the agents of change for scaling up the good practices through RNTCP

TB Project India

2014:

- The project implemented in additional state of Bihar (100 patients) in addition to Gujarat (230 patients) and Karnataka, Punjab, Uttar Pradesh, Haryana and Odisha (100 patients each).
- Odisha and Bihar state branch discontinued from the project in the month of July 2014 due to poor performance.
- The implementation methodology for 2014 had focused on urban areas on a pilot basis. Emphasis given to identify 30 Cat II patients within accessible proximity to the

IRCS State branch and surrounding areas for better human resource utilization, cost effectiveness and timely monitoring of the project activities in addition to districts in existing states.

- In 2014, total 835 CAT II patients were enrolled for the project and being followed up by the state branches. 549 CAT II patients were cured.
- In 2014, percentage of adherence ensured i.e 98.32%.
- 32377 beneficiaries covered and 44145 number of IEC material distributed through community advocacy programme.

2015:

- In the year of 2015, the IRCS has implemented Tuberculosis project in four i. e Gujarat, Haryana, Karnataka & Uttar Pradesh with the support of International Federation of Red Cross and Red Crescent Societies (IFRC).
- 638 CAT II patients were enrolled till March 2015 by the project implementing state branches.
- 1741 beneficiaries were covered and 6660 number of IEC material distributed in community advocacy programme till March 2015.

Activities carried out by the branch during the period:

Gujarat State Branch

On 23rd March 2015, Gujarat state branch organized a workshop in which participants included private practitioners, Red Cross staff and RNTCP staff

The workshop provided platform for discussions about various aspects of TB transmission, control including problem of MDR-TB and co morbidity in order to effectively fight TB.

About 60 Medical Officers and Senior TB Supervisor's (RNTCP Staff) and TB Health Supervisor's (RNTCP staff) of Ahmedabad participated.

Cured Tuberculosis Patient

Case Study: 1

Rehabilitation of patient in his Family

Patient's Name : Mr. Deepak Amrsinh Thakor
Age : 45 Years
Address : Ravinagar near Jivraj Park- Vejalpur
Place : Ahmedabad

I am Deepakbhai Amarsinh Thakor. I am 45 years old and work as a plumber. I belong to very poor family and live with my sister and parents. My family depends on my daily wages.

One day I fell ill. I consulted a private doctor. I was diagnosed with TB and admitted in Vejalpur hospital. But there was no relief and day by day my health deteriorated. Due to poor financial condition, I could not continue my treatment. Gradually my income stopped as I was not able to work. Due to my bad health condition, I faced many problems with my family members. Frustrated, one day I left my home and



started living alone.

During this time I came in contact with a Red Cross Volunteer who was visiting TB Patients in the neighborhood who were registered under RNTCP Programme and TB Project run by Gujarat Red Cross. He explained to me about various aspects of TB and its transmission and informed me about free and good treatment being provided by Government. He inquired about my condition and the symptoms.

Second day, again, Mr.Kaushikbhai, Red Cross volunteer, Mr.Sanjaybhai –District TB Coordinator and Mr. Suarabhbai Senior TB Supervisor came to my house. They convinced me to start my treatment



in government hospital. They accompanied me to the Vejalpur urban health centre where the doctor examined me and also checked my sputum. After two days, I was diagnosed with Cat-II TB patient. My name was registered under RNTCP programme and I was put on DOTS treatment.

I got nutritional and psycho-social support by TB Project-India run by Gujarat Red Cross Society. Red Cross Volunteers regularly contacted me and properly counseled and guided me to continue with the treatment.

Red Cross volunteers contacted my family members, counseled them and also gave information about tuberculosis. Mr.Sanjaybhai also informed about my health condition. Now my parents got to know about my health problem, my condition and then they brought me home to live with them. Now, I am living with my parents and my sister.

Now I am cured, feel much better and have gradually resumed the work I did earlier. I must appreciate that the Red Cross volunteers spread awareness in the community that tuberculosis is curable and free. Its effective treatment is available through the Government department.

Due to the timely help and support from Red Cross Society, not only I could recover my health, but also got proper awareness about tuberculosis which is an infectious disease. Now I can work and also live with my family who are also well aware about the tuberculosis and how to prevent it .

(Mr. Deepak Amrsinh Thakor)

Cured patients

Haryana State Branch

Case study: 2

Patient name : Ms. Sitara
TB no. : 298/14



The Red Cross project team visited the patient, Sitara, in the month of October 2014. At that time she had lost all her hope of living because she had been separated from her husband and her husband had filed for divorce. She was living with her brother but was not being treated properly. She even felt like committing suicide because there was continuous blood presence in her sputum. She became too anaemic and weak to even stand on her feet without support.

The District Coordinator took her to Dr. Raman Kakar in BK hospital, where the doctor advised her for I V treatment and other medicines apart from the TB medicines. She had to be admitted to the the Ballabgarh Civil Hospital.

The Red Cross volunteers visited the patient frequently and found that she was improving steadily. During this period she was given motivation & counselling to complete the treatment. She followed the advice of the attending doctors, district coordinator & the volunteers and ultimately, she was cured from TB. She thanked all those who helped her overcome the disease. She expressed special thanks to the Red Cross team who saved her life. She vouched to start working and lead a self-dependent life.

Karnataka State Branch

Case study -3

Mahesha S/o Chikkaveraiah (50/15) resident of K.R.Pete taluk and Gandinagara town Mandya district. He was working in real estate Company as bar bender. His family consisted of his mother, wife, and two small children. Patient's wife worked in garments factory in KR pete. The husband and wife started living separately, because the husband was diagnosed with HIV/AIDS. The bar bender, after his wife left, had started living with his mother. Last year he developed symptoms of TB, which was soon confirmed. He was put on treatment for TB as well.

Due to illness, scarcity and social rejection, there were regular and constant fights and plethora of tension prevailed within the family. As a result, after 2-3 months of treatment, he stopped taking medicines. Now the patient took resort to alcohol. At times he did not take any food and gradually turned it to a hard core alcoholic. Again, the symptoms of TB surfaced resulting in to terrible weakness. He was unable to even get out of the bed. His mother, with the help of her neighbors, somehow, managed to take him to a hospital which was near his home. The medical officer of that hospital performed the tests and confirmed the disease. Keeping in mind his medical history they started the second line of treatment. The doctor advised him to take the medication regularly. One of the health staff of that hospital referred that patient to the Red Cross TB project.

The district coordinator and volunteer visited the patient's house in KR pete. By that time patient had become very serious and he refused to take the treatment. He was also not taking proper food. The Red Cross team met his mother and discussed about the patient. His mother explained the family condition and case history. The Mandya district branch got in ti action. They provided some food stuff to the patient couselling sessions were conducted. He was explained about him acquiring MDRTB as well. Red Cross visited patient's house frequently and advised his mother to take his responsibility under our guidance. Now the patient is taking regular treatment.

TB Project India- Punjab State Branch

“Prevention and management of Tuberculosis including MDR”

The TB Project India is being implemented since September-2009 in 2 districts i.e. Amritsar & Jalandhar in Punjab. 615 TB patients were cared for from September 2009 to December 2014 under this Project. Only 5 TB patients had defaulted treatment during 2009 to 2012. No patient defaulted treatment during 2013 & 14. Patient care support was provided by committed Red Cross volunteers.

The IRCS NHQ sanction letter of the new pilot project mentions, “TB Project “Prevention & Management of Tuberculosis, including MDR-TB, in Amritsar & Jalandhar districts in Punjab for the year 2015 has been sanctioned with the financial support of Irish Red Cross Society under which 400 defaulted Cat-I & II TB patients who have stopped DOTS treatment without completion, are to be put back on treatment until they are cured”.

Awareness Meetings held in AMRITSAR DISTRICT during the WORLD TB Week at

District TB Centre, Amritsar (23-03-2015)

Shaheed Udham Singh Nagar, Amritsar (24-03-2015)

Village Meerankot, Amritsar (25-03-2015)

The district Coordinator Amritsar & Red Cross volunteers working under TB Project organized three awareness meetings in the district at different places on TB in connection with the “World TB Week” to make the people aware about symptoms, causes, treatment & control on transmission of TB. They informed the people that TB is a curable disease through DOTS treatment which is free of cost in a government dispensary or hospital. Anybody suffering with coughs & fever for more than two weeks may be a suspected case of TB. Therefore, he/she should doubt on this long time cough and must get the sputum examined. Children should be kept away from TB patients and the TB patients must keep a pot with them for spitting. He/she should keep a cloth or handkerchief while coughing, sneezing and laughing. Hand bills on TB were distributed among the participants in the meetings by the Red Cross volunteers.

MATERNITY & CHILD WELFARE

Health and community care have been the cornerstone of humanitarian activities of the Indian Red Cross Society. Besides providing succour to the needy after disasters, the Society strives to reach out to the most vulnerable, by providing them access to the basic health services thus reducing their vulnerability to the health problems.

Indian Red Cross Society, National Headquarters, started its Maternity & Child Welfare programmes in 1954 to provide basic health care to the people living in backward and tribal areas of Uttarakhand (before partition it was Uttar Pradesh) State. The first Maternity and Child Welfare (M&CW) Centre was started in a village called Narendra Nagar in Tehri Garhwal region in the Himalayan ranges at an altitude of 3500 ft. Over the decades, the programme was expanded to 3 more regions in Jaunsar-Bawar (Dehradun District), Nainital (Udhamsingh Nagar District) and Pithoragarh District especially for SC/ST, Buksa & Tharu Schedule Tribes and other weaker sections of the community, as there was no such facility available at that time.

- (a) **Tehri Garhwal Welfare Scheme** is the first among the four schemes started by Indian Red Cross Society. The first M&CW centre was opened at Narendra Nagar in 1954. It was later moved to Chamma and made into 25 bedded hospital. Over the decades, the programme was extended by starting other M&CW Centres and Bal Vikas Kendras/Craft centres in the region. The lands for the buildings were donated by the local community and the philanthropists.
- (b) **Jaunsar-Bawar Welfare Scheme** was started in Kalsi and Korwa villages in the region for the benefit of jaunsari tribes in 1964. Land for construction of a 30 bedded Maternity & Child Welfare Hospital was donated by the local community at Nagthat and the building was constructed with the financial help from Japanese Red Cross in 1996-97. Building for Korwa Centre was donated by Gram Panchayat/local community.
- (c) **Nainital Welfare Scheme** was started in 1974 for the benefit of Buksa and Tharu tribes of the community. Maternity & Child Welfare Hospital with 30 bed capacity was started at Gularbhoj village. The hospital/sub-centres are running from rented buildings of Irrigation Department.
- (d) **Pithoragarh Welfare Scheme** was started in 1979 for the benefit of Bhotia and Raji tribes. A 30 bedded hospital was started at Baluwakote. The hospital and other sub-centres/bal vikas kendras are running from rented buildings.

DISTRICTS COVERED

4 Districts of Uttarakhand State namely (a) Dehradun (Jaunsar-Bawar region), (b) Tehri Garhwal, (c) Nainital (Udhamsingh Nagar) and (d) Pithoragarh are being covered under Maternity & Child Welfare activities of the Indian Red Cross Society.

ACTIVITIES

Providing services related to reproductive and child health and other basic medical facilities to the community in the region. It also aims to provide necessary health care, health and nutritional education and literacy programmes. It further aims at making the target population learn about the health issues, to take care of the pregnant mothers and new born by providing necessary education, such as Primary Medical Care

- Health check up
- Ante/post-natal care
- Deliveries/home deliveries
- Immunization
- Disseminate importance of breast feeding
- Motivation of Family Welfare Planning – village visits
- Education on health, hygiene & sanitation and nutrition – through village visits.
- Free early childhood education
- Nutritional feeding for children
- Vocational training-sewing/tailoring
- Adult literacy
- Supplement Govt. Pulse Polio Programme

ACTIVITIES

The following activities under M&CW Scheme in the four Districts of Uttarakhand State are being carried out by National Headquarters, Indian Red Cross Society :

1. **Tehri Garhwal -** Hospital - Chamma
(TG)
Balvikas Kendera - Chamma
- Narendra Nagar &
- Nainbagh
2. **Dehradoon** Hospital - Nagthat
(Jaunsar-Bawar region) Sub-Centres - Korwa &
(JB) - Lakhamandal
Balvikas Kendra - Lakhamandal
3. **Nainital** Hospital - Gularbhoj
(Udham Singh Nagar) Sub-Centres - Jhankat &

(NT)

- Charubeta

4. **Pithoragarh**
(AP)

Hospital - Baluwakote
Sub-Centre - Dharamgarh
Balvikas Kendra - Bhatigaon

Due to paucity of funds, IRCS has not been able to recruit any medical doctors to these Hospitals/Sub-Centres. Therefore, these 14 activities (4 Hospitals, 5 Sub-centres and 5 Balvikas Kendras) are being managed by the available staff headed by Scheme Supervisors, ANMs and Nursery Teachers & Craft Teachers.

During the period under report, following cases were attended in 4 different Maternity & Child Welfare Schemes as indicated against each:

Activities in Hospitals and Sub- Centres

Scheme	Adult Patients		Child Patients		Total	ANC	PNC	Delivery	Village Visits	Health talks	Cases Referred
	Male	Female	Male	Female							
TG	894	2613	736	909	5152	526	91	24	135	135	-
JB	1953	4999	620	728	8300	424	108	66	218	252	96
NT	963	3831	637	677	6108	1478	250	97	446	5689	229
AP	142	1920	499	1440	4001	468	130	47	197	2031	40
Total	3952	13363	2492	3754	23561	2896	579	234	996	8107	365

* Chamma Hospital under Tehri Garhwal Scheme with limited resources has successfully conducted these deliveries under Janani Suraksha Yojana of the government and helped facilitate providing incentives to mother and the ASHA workers from the funds of the Government through the Office of the CMO of the District.

Activities in Bal Vikas Kendras/VTCs

The activities in Bal Vikas Kendras and Vocational Training Centres mainly towards providing nutritious food to the children in the age of below 05 years and making them understand and recognize the alphabets, figures, colours and providing vocational training to the girls/ladies attending these centres as per break up given below :

Scheme	Bal Vikas Kendra			VTC	Village visits
	Boys	Girls	Total		
Tehri Garhwal	54	37	91	37	91
Jaunsar-Bawar	10	11	21	214	24
Pithoragarh	5	5	10	20	61

In addition, the Cinema Project Operators have shown documentary films to the community both at the Hospitals and by visiting to nearby villages on Adult Literacy, Family Planning, Health and Hygiene as available in Jaunsar Bawar region and in Nainital.

The infrastructure of Indian Red Cross Society and services of the staff members of M&CW Schemes were also utilized by the Government Health Department in these Districts during pulse polio programmes.

Mission Indradhanush Programme

The Ministry of Health & Family Welfare, Government of India launched Mission Indrdhanush in 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children under UIP.

Under Mission Indradhanush, the government has identified 201 high focus districts across the country that has nearly 50% of all unvaccinated or partially vaccinated children in the country.

This mission focuses on interventions to improve full immunization coverage in India from 65% in 2014 to at least 90% children in the next five years. This will be done through special catch up drives.

The Indian Red Cross Society has communicated to the concerned state branches for deployment of RC volunteers for Mission Indradhanush.

INFORMATION AND PUBLIC RELATIONS

Communication unit of the Society portrays profiles and disseminates the humanitarian services of the Indian Red Cross Society. The task includes maintenance of the website for the furtherance of humanitarian cause of the Red Cross movement. The website of the Society contains information regarding activities and services rendered by it and other statutory requirements. The unit uploaded the activities of the organisation on the website. Some of them are listed below.

The news about the Annual General Meeting of the Indian Red Cross Society and St John Ambulance India was posted with photographs that included felicitation of awardees.

All relief measures for the floods in Jammu & Kashmir and other parts of the country, training programmes and workshops, celebrations of Blood Donor week and visit of the dignitaries was adequately covered.

The branches were informed about the themes of World Red Cross Day, Blood Donor Day and World Health Day. The theme for the World Red Cross Day this year was, "My Red Cross Story". In lines with the message of the Secretary General, the branches organized functions and several volunteers shared their Red Cross stories. The Red Cross stories were documented.

At New Delhi a function was held on 8th of May, 2014. The event was attended by members of the Red Cross fraternity in New Delhi as well as dignitaries from various consulates and embassies, among others.



Dr. S.P. Agarwal, Secretary General, addressing the guests



Air Marshall Aditya Vikram Pethia (Retd) with Mary Werntz, Head of Delegation, ICRC

To mark the occasion, the journey of the Red Cross over the years was presented through a photo exhibition. Many retired officers of the Indian Navy, who had been taken as prisoners of war during the Indo-Pak war of 1971, were also present. Air Marshal Aditya Vikram Pethia, Vir Chakra (Retd) narrated a few incidents from their

travails.

Speaking at the occasion, Dr S P Agarwal, Secretary General, Indian Red Cross Society narrated the story of Junior Red Crosser, Hiral of Navsari district of Gujarat, who jumped in a gushing river to bring out a hapless 4 month old infant and administered him first aid, thereby saving his life. Such little acts of bravery and such real life heroes should be applauded and brought to the forefront, he said.



Dr S P Agarwal, Secretary General, Indian Red Cross Society, speaking at the World Red Cross Day

Quoting Mahatma Gandhi, Ms Mary Wertz, Head of Delegation in New Delhi, ICRC said, "The greatness of humanity is not in being human, but in being humane." Recalling Mother Teresa's words, "Do not wait, do it alone...person to person", she said that this was a day to remember the power of an individual act of kindness and spontaneous acts of compassion.



Mary Wertz, Head of Delegation, ICRC addressing guests at the World Red Cross Day celebrations

GENERAL BODY MEETING

The combined Annual General Body meetings of the Indian Red Cross Society and St. John Ambulance (India) were held on 18 November 2014.



It was an event filled with grandeur, pride and honour. The Ceremonial Session of the Annual General Meeting of Indian Red Cross Society and St John Ambulance India was held on Tuesday, the 18th of November, 2014 at the Rashtrapati Bhavan auditorium. Later in the afternoon the Business session was held in the Dr. D. S. Kothari auditorium, DRDO Bhavan, New Delhi.

Hon'ble Shri Pranab Mukherjee delivering his presidential address

The ceremonial session was presided over by the Hon'ble President, Shri Pranab Mukherjee who is also the President of both these organizations. Also present on the dias were Shri J. P. Nadda, Hon'ble Minister for Health and Family Welfare and



Hon'ble President in the centre flanked by Hon'ble Chairman and Secretary General on his right and Vice Chairman, IRCS and Vice Chairperson St. John Ambulance on his left

Chairman of both the organizations, Shri Aziz Qureshi, Hon'ble Governor of Uttarakhand, Shri Deepender Singh Hooda, Vice Chairman of Indian Red Cross Society, Dr. (Mrs.) Kamala Gidwani, Vice Chairperson, St. John Ambulance (India) and Dr S P Agarwal, Secretary General, IRCS & SJA (I). While addressing the gathering of distinguished guests and members of both the organization from the various state and

UT branches from all over the country, the Hon'ble President said that these organizations were pioneers and role models for voluntary workers and non-

governmental organizations in India.

Acknowledging the immense progress that India has made in addressing the risks of disasters, he glowingly appreciated the contribution of the Indian Red Cross Society in motivating and mobilizing scores of trained volunteers who have assisted the authorities with evacuations, relief and shelter to affected communities. He said that

more needs to be done and more vulnerable people need to be empowered to develop the ability to have the security and protection from risks of disease and dangerous forces of nature. He further said that volunteer and skill development and disaster risk reduction work can assist the vulnerable population with swiftness and efficiency. Speaking of the good work done by the St John Ambulance, the President exhorted the youth to take part in voluntary blood donation to the Red Cross, and thus help save many lives. In closing, he quoted Gandhiji and said “*The best way to find yourself is to lose yourself in the service of others*”, as he called upon all those present to reflect on these words as well as exhorted all to seriously consider making a contribution – big or small, to support and supplement the noble efforts of the Government and organizations such as the Red Cross and St John Ambulance in the service of the people.

Shri Mukherjee also gave away medals to the members and volunteers of these organizations for their exemplary service towards the humanitarian objectives of the organizations, as well as shields to branches and centres of both organizations for their outstanding contribution in voluntary blood donation as well as organizational development for the years 2012-13 and 2013-14.

Indian Red Cross (Gold Medal)

For 2012-13 - 1. Sh Balakrishna Siddula, 2. Sh Dinesh Gupta

For 2013-14 - 1.Sh Harish L Metha, 2.Dr Dipak Mohanbhai Narola

Raj Kumari Amrit Kaur Gold Medal

For 2012-13 - Sh P S Naidu

For 2013-14 - Sh R K Kher

Jiv Raksha Medal

Sh Bashir Ahmed Sheikh-2013-14

St John Gold Medal

For 2012-13 - Dr Mukesh P Jagiwala

For 2013-14 - Smt Meenakshi Lakshminarayanan

Fund Raising & Membership shields to state & UT Branches (1st Position)

For 2012-13 - State- Andhra Pradesh, UT- Chandigarh

For 2103-14 - State- Andhra Pradesh, UT- Chandigarh

Fund Raising & Membership shields to state & UT Branches (2nd Position)

For 2012-13 - Odisha

For 2013-14 - Gujarat

Blood Donation Shields- For Collection of highest no of voluntary blood

For 2012-13 - Gujarat

For 2013-14 - Gujarat

Blood Donation Shield- maximum blood collection vis-à-vis population

For 2012-13 - Dadra & Nagar Haveli

For 2013-14 - Dadra & Nagar Haveli



St John Membership Shield

For 2012-13 - Haryana
For 2013-14 - West Bengal

St John Training Shield

For 2102-13 - Haryana
For 2013-14 - Haryana

Later in the afternoon, the business session was chaired by the Hon'ble Chairman of IRCS and SJA (I), Shri J. P. Nadda

Shri J.P. Nadda, Hon'ble Chairman addressing the delegates to the General Body.

(Hon'ble Minister for Health and Family Welfare, Govt. of India). He addressed the members and volunteers of both organisations gathered there and spoke in details about the work done by both organisations since the last AGM. While speaking of the First Medical Responders programme being implemented by IRCS headquarters in 18 most disaster prone states he expressed pride at the initiative of the FMRs in the J&K flash floods and said that they were at the forefront of relief and response activities in Uttarakhand, Odisha, Andhra Pradesh, J&K, Bihar, Chhattisgarh, Uttar Pradesh, Assam etc. following disasters which struck these states in 2013 –and 2014. He further spoke of the work of the IRCS in providing clean drinking water to the affected people during disasters as also of their work in voluntary blood donations, as complementing the government in the implementation of the health programmes like TB Programme and Measles Catch up programme and the work of the junior and youth wings of the organisation.



He added, “The activities of St. John Ambulance (India), with its large number of brigade divisions consisting of thousands of trained volunteers are progressing well. St. John Ambulances’ timely intervention in times of accident, religious congregations and rallies are fine examples of selfless service in saving precious human life. They have been providing service by establishing First aid posts and ambulance services during Independence day and Republic day celebrations across the country”.

The Hon'ble Chairman gave away Red Cross Certificates of Merit for 2012-13 and 2013-14 to twelve volunteers and members of Indian Red Cross Society for their distinguished services to the organisation.

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Indian Red Cross Award of Merit Certificate

For 2012-13

1. Dr A Sridhar Reddy, 2. Prof. Jesubhai M Naik, 3. Sh N K Arora
4. Sh Satyanarayan Vithaldas Karwa, 5. Mrs Ambeni TCK, 6. Dr. Sushila Dubey

For 2013-14

1.Sh A Pochaiah, 2.Dr Prafull V Siroya, 3.Sh Subhash Chander Bali
4.Sh C B Nema, 5.Sh P Shanmugam, 6.Sh D K Das

Earlier, while welcoming the Hon'ble Chairman and delegates to the Business session of the AGM, Dr. S.P. Agarwal, Secretary General of IRCS and SJA (I) thanked the Hon'ble President of India for holding the ceremonial session in the Rashtrapati Bhavan Auditorium and shared the programmes and activities being conducted by the National Headquarters through the various branches and centres of IRCS and SJA (I). He later presented the Annual Reports and Annual Accounts of both the organizations for the years 2012-13 and 2013-14. All of these reports and other items on the agenda for the AGM were adopted unanimously.

DISASTER PREPAREDNESS & REHABILITATION COURSE

Besides imparting training in First Aid, First Responders in disasters and preparing National Disaster Relief Teams, the Indian Red Cross Society, keeping in view of the acute shortage of trained manpower in disaster preparedness activities, is working towards having a cadre of qualified trainers through Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation (PG DP&R) at its National Headquarters with its affiliation to the GGSIP University since September 2006.

Eight batches have successfully completed the course and the ninth batch classes started from 17th October 2014.

Dr. Rajnish Ranjan, Special Advisor & faculty PG DP&R resigned in November 2014.

Ms Bindu Aggarwal joined in December, 2014 as Special Advisor DM and Faculty PG DP&R. Course



Mr. Shane Wright, ADPC Director interacting with Students



Demonstration to students at Bahadurgargh training centre

The Joint Assessment Committee (JAC) and the Academic Audit Team appointed by the GGSIP University inspected the institute on 13th June and 17th June 2014 respectively for the academic session 2014-15. The members visited IRCS NHQ and DMC facilities. At DMC a presentation was given about the IRCS activities and detailed account of the course. Letter of continuation of affiliation is awaited for the academic year 2014-15.

So far a total of 335 students have been admitted, including the present batch 2014-15, out of which 268 have had been sponsored from different government and international organizations. The details are given below:

Year	Admitted	Discontinued	Sponsored	Pvt / self sponsored	Passed
2006-07	30	3	28	2	27
2007-08	35	-	33	2	35
2008-09	39	-	33	6	39
2009-10	40	6 + (1didnot appear for the M-III Final exam)	32	8	33
2010-11	40	-	35	5	40
2011-12	40	2 +(1did not appear for the M III Final exam)	37	3	37
2012-13	39	2 + (2 did not appear for the Mod III final exam)	36	3	35
2013- 14	39	3 detained	29	10	36
2014-15	33	Course started from 17 th October, 2014	25	8	-----

HEALTH PROMOTION THROUGH AYURVEDA & YOGA

In our country Ayurveda & Yoga have been largely responsible for the health of people during ancient times. These have had been a part of our life style and providing effective & simple cure of many diseases. They also have always been a part of our daily life & of our culture. These have emerged as more relevant and important tools for well being in the modern times. The modern life style has brought a lot of stress and new set of diseases that the modern medicine is unable to cure.

The Red Cross movement is a close ally of the WHO which aims to provide “Health for All’ by the year 2020. This can be achieved if all systems to cure the human body and mind are practiced with the sole objective to bring good health to the people. The IRCS Strategic Development plan gives impetus to primary health care with emphasis on disease prevention, health promotion & prompt health response during crises situations.



A yoga class in progress

Indian Red Cross Society, in association with the Department of AYUSH, Central Council of Research in Ayurveda & Siddha (CCRAS) & Morarji Desai National Institute of Yoga in the Ministry of Health & Family Welfare, Government of India, is conducting certificate course in “ Health Promotion through Ayurveda & Yoga” (50 hours certificate course of 3 months duration, part time, twice a week, on Tuesdays & Thursdays , 6-8 PM).

The aim of the course is to improve life style management for better healthy living at the individual & community level.



This course is being run since February, 2010. So far 15 batches have completed the course. The 16th batch started in January 2015 which was scheduled to be completed in April 2015.

At the end of each course, a valedictory function is conducted to distribute the certificates. Feedback is collected from the participants regarding their satisfaction with the course, course contents, teaching faculty and arrangements for theory & practical classes. Also, all the course participants are medically examined on different health parameters on the eve of the first class. Again the medical tests are performed after the completion of the course. The comparison of the test results has been very encouraging. It was conclusively deduced that the participants benefit from the course on medical parameters. The participants have also continually shared that their irritability, physical and mental stiffness, confusing psychological state and getting tired easily have been checked and they have acquired better reflexes, mental tranquility and blissful life due to the course.

The course continues to be popular and hundreds of applications are received for admissions. Every time candidates' applications have to be screened by a committee to shortlist those who are most deserving for the course

HOSPITAL SERVICES

The Red Cross movement started in the year 1863. The prime motive was to provide care to the wounded and sick soldiers. The 4 Geneva Conventions provide the legal mandate to the Red Cross for delivery of the services to the soldiers in battlefield and beyond and cover all other victims of war, including prisoners of war. Red Cross worldwide is an auxiliary agency to Armed Forces Medical Services. As such, Indian Red Cross, that was started in 1920, was focussed to assist soldiers affected by the 1st World War. The society continued to serve the cause of serving and ex-service personnel of the Armed Forces. Welfare services are conducted in Defence/Military Hospitals by IRCS Welfare Officers. They provided following services during the period of report.

Welfare Services

Much needed welfare services were provided to the sick and wounded soldiers in Armed Forces Hospitals with the help of Lady Welfare Officers. They maintained General Amenity Stores, Diversional Therapy Stores, recreation services and libraries in the hospitals and helped patients in procuring their daily need items from the market and issued books and news papers to the bed ridden patients. They taught the admitted soldiers various handicraft works to enable them to divert their minds from their illness. Awareness programmes were taken up on Blood Donation & Blood Safety, prevention and precaution against HIV/AIDS and thalassaemia and other dreaded diseases through appropriate policies and procedures that have been put in place under the aegis of the Armed Forces Medical Services.

Diversional Therapy

The sick & recuperating patients are counselled to divert their attention from brooding over the sickness and disabilities. Thus the care of sick and wounded members of Armed Forces constitutes the primary obligation of the Welfare Officers in Defence Services. Indian Red Cross Welfare Officers taught the patients various handicraft works to divert their mind from their diseases. Items such as chalk, basket, candle etc. were prepared by them.

Library Services

Besides books, that are available in the Red Cross Library in many languages, periodicals and daily newspapers were distributed in the wards. Red Cross Welfare Officers also helped the patients in writing letters and applications according to their requirements and also provided them with postal, bank and telephone facilities. The officers also facilitated the inmates requirements in making bank drafts/withdrawals and other banking works. In their weekly entertainment programme, Lady Welfare Officers showed movies and organised tambola for the inpatients.

Other Activities

Along with reading newspapers and periodicals in the Recreation Rooms cum Libraries maintained by the Red Cross Welfare Officers in the hospitals, inmates also watched TV. Here they are shown educational documentaries on HIV/AIDs and other subjects. CDs/DVDs on Yoga, art of living etc. are also shown.

Health education was imparted regarding hazards of tobacco chewing, smoking and consumption of alcohol to the patients. Psychiatric department was invited to impart training workshops on stress management.

INTEGRATED PROGRAM FOR COMMUNITY DEVELOPMENT AND COMMUNITY-BASED DISASTER RISK REDUCTION

Introduction

Indian Red Cross Society has been implementing Tsunami programs since 2006 in Tamil Nadu and since 2010 in Andhra Pradesh with technical and funding support from Canadian Red Cross. The primary aim of these programs is to empower and build resilient communities in handling disasters and related issues. Both the programs have been designed to incorporate a community driven approach that identifies and strengthens community ownership and leadership. Integrated Program for Community Development (IPCD), Tamil Nadu is a multisectoral program and has components such as water, sanitation, health, disaster risk reduction, livelihood and humanitarian values. Community-based Disaster Risk Reduction (CBDRR) Program, Andhra Pradesh is focussed on disaster risk reduction.



Key Results

FY 2014-15 was the year of the final phase of CRC supported programs in India. Larger focus of the reporting year was on moving towards sustainability of key program activities beyond CRC support. Also, some key program activities were continued in the reporting year, to ensure that the program communities continued to get the benefits they were receiving in the earlier years. It served the purpose of sustaining interest of the communities and to give them ample time to find ways of sustaining the activities beyond CRC support. IPCD and CBDRR completed most of the planned activities for FY 2014-15.

Program Activities Update

Under the **Health and WatSan** sectors of IPCD, all the key planned activities were completed on time. Community members were provided first-aid as and when required, the HPs focused on MCH cases and provided required support to women and children in their communities. Further, the HPs continued to carry-out group discussions with the community members on health issues and they

worked with the government health departments to carry out various activities such as health camps, pulse polio camps, and creating awareness about seasonal infections and government schemes. The end-term evaluation results indicated that the program communities had an improved knowledge of health and hygiene practices as opposed to their counterparts in non-program villages.

The **DM/DRR** sectors of TN IPCD and AP

CBDRR programs carried out all their activities without any major challenges. Multi-tiered community structures such as VDMTs, CMGs, DMTFs, CDMCs and CDRTs continued to support the communities in building their disaster resilience. The communities have become self-sufficient in activities such as VCA updation, preparation of Community Contingency Plans (CCP) and undertaking mitigation activities, which are the most vital activities for disaster preparedness.

In the reporting year, a very severe cyclonic storm referred to as **Cyclone Hudhud** hit the coastal districts of Andhra Pradesh in October 2014. Maximum damage was caused in four districts of Andhra Pradesh, namely Srikakulam, Vizianagram, Visakhapatnam and East Godavari districts, which are also the program districts under CBDRR. The Red Cross staff members and volunteers had a major role in responding to the cyclone and they actively coordinated with the government departments and facilitated search & rescue efforts. Their efforts were appreciated by the government, media and community members alike. An After Action Review (AAR) was conducted to assess the impact of the Red Cross team's efforts and the overall impact of CBDRR towards building disaster resilient communities, as well as identification of any areas of improvement.

The goal of DRR fund mechanism is to make the communities self-reliant and help them to reduce risk and vulnerabilities through mitigation activities identified through the annual Vulnerability and Capacity Assessment. The communities with support from IRCS have actively been collecting and managing the funds. These funds were used as partial support for various mitigation activities, which is a testimony to the positive impact of the DRR fund intervention and also overall DRR program. The community has reached a level from where they can be self-reliant in managing the DRR fund and hence, recently the overall management of DRR fund has been handed over to the communities. Almost all of the program communities in Tamil Nadu and Andhra Pradesh collected DRR fund in FY 2014-15. DRR fund in Andhra Pradesh was utilised for mitigation activities such as rebuilding of flood diversion walls, renovation of canals and ponds, setting up of cyclone shelters etc.

FA Beneficiaries - 3888
MCH Beneficiaries –
Women – 7205, Children – 6533



Health Camps in the program communities were conducted in Q2 and Q4 of the reporting year. Over the years, Health Camps have not only helped raise awareness about relevant health issues in the communities but they have also helped the HPs gain further credibility. The District health departments and the HPs have been working together for the past few years to successfully conduct the health camps. In

FY 2014-15, 50 health camps were conducted across the 6 program districts of Tamil Nadu. The beneficiaries were provided with a general health check-up and given basic medicines, tonics and vitamin supplements. The women were also provided with ANC and PNC check-ups.

Under the **Livelihood** sector of IPCD, the CDG-RLs continued to meet regularly and discuss financial matters related to the groups, thereby further building the financial capabilities of the members. The groups so far have been successful in promoting social change by encouraging the group members to develop soft skills such as affinity and peer group feeling, mutual trust, collective management, gender sensitivity and financial discipline. Various businesses started by the LH groups are still continuing bearing testimony to the capacity building of the LH group members, which will sustain beyond CRC support to the program. The LH groups have become self-reliant in managing the funds with little technical support provided by IRCS for the past one year.

Under the **HumVals** sector of IPCD, the community members, especially the children are showing greater levels of awareness about violence prevention. In the reporting year, regular activities were undertaken such as peer educator trainings and sessions, meeting of JRC counsellors and teachers and re-enforcement of key messages of Be Safe! The end-term evaluation found that the school-based, youth-led elements of the project have been very successful. Peer educators in particular have gained confidence and skills that exceeded the anticipated program outcomes.

Four new districts under IPCD launched their project activities in Q2 of the reporting year. The focus in these districts is on building the capacity of the District Branches. Even though there was a delay in launching the activities in these districts (they were planned to be initiated in Q1) all the activities were completed according to the plan. This is reflective of the improved capacity of the Tamil Nadu State Branch. The District Branches conducted group sessions on injury prevention and FA in selected schools and communities; training of volunteers, teachers, JRC conveners on injury prevention, FA and basics of DRR; meetings on DRR. They also conducted 13 health camps in all of the program districts which benefitted 1,705 people. The focus of the health camps was to provide a general health check-up and to distribute basic medicines, tonics and vitamin supplements.

Under the **Capacity Building** sector there have been many positive results in the FY 2014-15. The program management and problem solving skills of the two state branch staff members has improved. There has been a marked improvement in the knowledge and skill development of the state branches along with improved narrative and financial reporting by the staff members. There was greater involvement by the NHq focal person for CRC supported projects and he worked in cooperation with the CRC team in Delhi at all the stages of the projects. This resulted in quicker responses from the NHq towards any queries presented by CRC and also there was excellent communication between NHq and the State Branches. The reporting year was the first time where an online survey platform, i.e. Fluidsurveys, was used to conduct an After Action Review (after Cyclone Hudhud in Andhra Pradesh/Telangana). This helped to build the capacity of the Red Cross staff in successfully conducting a large-scale online survey and could be a useful skill in the future.

It may be concluded that the activities in FY 2014-15 were undertaken as planned in the annual operational plan.

Success Stories from IPCD and CBDRR Program Communities

1. Community Maps

Background - Community maps are visual presentations of the risks and vulnerabilities of a geographic area. The community members of the program villages under IPCD and CBDRR prepared these maps to highlight low lying and vulnerable areas, evacuation routes and the vulnerable population in their village. The maps were prepared in each program village (29 villages in TN and 32 villages in AP/T) by the community members themselves, showcasing the success of the IRCS programs.

Objective - To help the communities in disaster prevention, mitigation, preparedness, operations, relief and recovery.

Highlight/s - The community maps contributed tremendously in the evacuation processes during cyclones Helen and Lehar in 2013. The State Government found these community maps to be useful tools during the emergency evacuations before Cyclones.

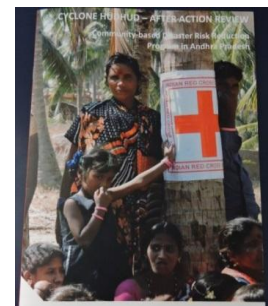


Beneficiaries - Community members

2. Cyclone Hudhud - After Action Review (AAR)

Background - A very severe cyclonic storm referred to as Cyclone Hudhud hit the coastal districts of Andhra Pradesh in October 2014. Maximum damage was caused in four districts of Andhra Pradesh, namely Srikakulam, Vizianagram, Visakhapatnam and East Godavari districts, which are also the program districts under CBDRR. The Red Cross staff members and volunteers had a major role in responding to the cyclone and they had actively coordinated with the government departments and facilitated search & rescue efforts. They also extended their expertise in supporting the government's efforts in the non-program villages wherever necessary. Their efforts were appreciated by the government, media and community members alike.

Objective - To assess the impact of the Red Cross team's efforts and the overall impact of CBDRR towards building disaster resilient communities, as well as identification of any areas of improvement.



Highlight/s - For the first time for any IRCS program, a survey was conducted through an online survey platform called Fluidsurveys to undertake the AAR. The online survey resulted in a very methodological approach towards the AAR, giving conclusive findings and data analysed by the survey tool. Use of an online platform helped the Red Cross volunteers gather responses from 178 community members, as opposed to only 9 responses in the previous year's survey. The AAR was also helpful in drawing a comparative analysis on the disaster preparedness of the CBDRR program villages and the non-program villages, where the Red Cross volunteers helped the communities during the cyclone. This comparative analysis was helpful in showcasing the difference in disaster resilience of the program communities versus the non-program communities. The findings from the AAR positively concluded that the CBDRR program has been successful in building disaster resilient communities in the program villages.

Beneficiaries – IRCS NHq and the State Branches of Andhra Pradesh and Telangana, who have the positive findings of the AAR to showcase the success of the CBDRR program.

3. End-term Evaluation

Background – Since the CRC supported programs in India had entered their final phase, it was decided to conduct an End- term evaluation of the programs. The evaluation was conducted with the aim of assessing changes in the knowledge, behaviour and overall capacity of the program communities. Findings of the evaluation would be helpful in identifying the strengths and challenges of the programs, which would in turn contribute to capacity building of IRCS.

Objective - To determine the effectiveness of IPCD and the CBDRR programs and their impact on the program communities.



Highlight/s – The evaluation report found that the program communities are better prepared to respond to disasters as compared to non-program communities, there is an improved knowledge of program communities regarding health & hygiene practices and violence prevention, there is a strong sense of ownership in program communities and the programs contributed to increased gender equality, women participation, social capital and cohesion.



Beneficiaries – IRCS and State Branches, who can utilise the evaluation report to showcase the success of the programs.

4. School Competitions

Background - The school program under IPCD teaches students (6 to 17 years of age) about health, DRR and violence prevention. With the program nearing its end, it was decided to conduct an event to demonstrate the achievements of the program through its beneficiaries. Since the program is focused on behaviour change and its leading ambassadors are the students; therefore the event was planned for school children. School Competitions (Drawing and Quiz competitions) were held in the Tamil Nadu state branch as part of the sustainability plan for HumVals sector of IPCD.

Quiz Competition Participants, TN

Objective – To showcase the talent and knowledge of the student program beneficiaries about Violence Prevention. And to generate interest in potential partners to take forward key activities of the IPCD school program after CRC exit.

Highlight/s – The competitions were conducted on a wide scale, across 79 schools of six districts of Tamil Nadu. Mr. Gurvinder Singh, Advisor, VP (CRC) was the quiz master of the quiz competition and he succeeded in getting the students (contestants and the audience) to be enthusiastically involved in the quiz. The success of the event is reflective in the fact that all the students were well-versed with most of the questions about violence prevention and were willing to provide answers to them. The event ended on a positive note with the chairman of the Tamil Nadu State Branch requesting for more such events to be organised at district-level for greater participation from the students.



Beneficiaries – Students across 79 schools of the IPCD program districts.

5. Simulation Exercises

Background – Both IPCD and CBDRR programs have the overarching goal to ‘build disaster resilient communities’. The programs have been successful in creating a large human resource pool in the program communities who have been trained during the course of the program in areas such as DRR, disaster preparedness and response among others. By training community members, Red Cross has created agents who will continue to spread awareness and share the knowledge gained with other communities, well beyond CRC support. As part of the sustainability plan, disaster simulation exercises were planned to be conducted in all the program states.

Objective – To solidify the DM/DRR program/sector achievements

and sustain key elements of the program beyond CRC support by getting on board potential partners.

Highlight/s – 24 simulation exercises were conducted over a period of three months across the program states – Tamil Nadu, Andhra Pradesh and Telangana. 6,325 community members actively participated in the exercises (2,605 women, 2,476 men and 1,244 children) and there was excellent participation by government departments such as police, fire and health. Print and television media coverage of the exercises provided much visibility to IRCS and the state branches, which will help them in generating interest of potential partners to take forward key DM/DRR activities beyond CRC support.

A Red Cross Volunteer conducting Early Warning as part of the Simulation Exercise, AP/T

Beneficiaries – Community members and IRCS (NHq and the State Branches).

6. Solid Waste Management (SWM)

Background – The SWM program was started as a pilot project in five villages under IPCD in FY 2011-12. The selected communities were given tricycles, community garbage bins and household garbage bins. Two persons from each village, known as ‘Ambassadors of Cleanliness’ were chosen to collect the garbage from the households.



Objective – To create awareness among people about environment friendly waste management and to decentralise solid waste management through people’s participation.

Distribution of Tricycles in the Community, TN

Highlight/s – The pilot project still continues in the five villages nearly one year after CRC support ended in June 2014. The communities have taken full ownership of the activities with financial and technical support of the local panchayat.

Beneficiaries – Community members

Vocational Training Centers

Indian Red Cross Society, National Headquarters is conducting Vocational Training Courses at its warehouses at Kolkata, Arakkonam and Bahadurgarh by providing training in Tailoring, Needlework and Dress Making. The training is being provided free of cost to help the vulnerable community of the nearby areas make them self reliant.

Sixty participants each are selected for one time training course at Kolkata and Arakkonam Warehouses. The course duration is one year. Thirty participants are selected at Bahadurgarh Warehouse for two courses of six months each.

The statistics for the year 2013-14 for the courses at the three Vocational Training Centres are as under :-

1. 29 course participants at Arakkonam Warehouse.
2. 36 course participants at Kolkata Warehouses.
3. 14 participants completed the training from January to July, and 23 participants completed the training programme from July to December 2014 in Bahadurgarh Warehouse.

The materials required for the training were provided by the Indian Red Cross Society, National Headquarters without any charge in addition to other expenses towards running the course.

IRCS –ICRC Cooperation Activity

Background

The IRCS-ICRC Cooperation programme is supported by International Committee of the Red Cross (ICRC), to conduct activities for dissemination of proper use of Red Cross Emblem, conduct awareness programmes on Fundamental Principles and Geneva Conventions, Safer Access, implementation of First Medical Responders (FMR) Programme, livelihood programme and Family News Service. The activities planned are implemented by the state branches in form of annual plan of action.

(A) Status of the Programme: January to December 2015

The programme was implemented by thirteen states and National HQ which were assigned to conduct:

- (A) Emergency Preparedness & Response Programme (EPR),
- (B) Youth programme
- (C) Livelihood programme
- (D) Family News Service.
- (E) Safer Access Framework (SAF)
- (F) First Medical Responders / First Aid (FMR/FA)
- (G) Physical Rehabilitation.

Programme states: Assam, Chhattisgarh, Jammu & Kashmir, Maharashtra, Manipur, Nagaland, Odisha, Jharkhand, Uttar Pradesh, Andhra Pradesh, Gujarat, West Bengal, Tamil Nadu.

Budget: Total budget for programme states and NHQ - Rs. 2,54,16,300/-

Major Objectives of the Program are

- ✓ Branch understands requirements and initiates process of developing contingency plan and code of conduct.
- ✓ Strengthen a cadre of 50 staff/volunteers in FMR/FA skills at district/sub-district level for emergencies/ disasters.

- ✓ Contribute towards building 5 resilient communities in each state to mitigate emergencies/disaster with support of trained FMR/FA volunteers.
- ✓ Enhance understanding of branch volunteers regarding IHL and related aspects.
- ✓ Improved livelihood of 100 families in 2015-17.
- ✓ Enhanced visibility of Red Cross activities.
- ✓ Strengthen the existing physical rehabilitation centre capacity in Tamil Nadu and Gujarat

Activities for FMR/FA, Youth Safer access, Livelihood and Physical rehabilitation

- 7 (Three-day) safer access framework workshops, risk assessment and contingency planning meeting were conducted
- 5 training (four-days) First Medical Responders / First Aid (FMR/FA) State level training conducted in 5 states i.e J&K, Chhattisgarh, Maharashtra, Andhra Pradesh and Manipur - 119 participants was trained.
- 17 training (three-days) FMR/FA district/sub-district level training conducted were 1073 participants was trained.
- 82 FMR/FA (one day) community level FA/FMR activities (meetings, services, Mock Drill) with District disaster response mechanism were 7200 members have participated. These volunteers are the part of emergency response team.
- Planning for Micro Economic Support to the flood affected/women headed families.
- Baseline survey training given to volunteer in seven branches under youth programme.
- Development of dissemination materials.
- Communication workshop on Red Cross mission and activities to journalists and local media. Celebration of World RC day in state branches.
- Two IHL dissemination workshop to the IRCS state leadership, staff, volunteers, local authorities and civil society in two branches.
- Organized photo exhibition.
- Support strengthening of existing physical rehabilitation centre etc.

